* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application # 10 - 500 -Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Buil	
Owner's Name: Wynn Construction	Date: 4/27/10
Site Address: Directions to job site from Lillington:	10 miles Left on Adeoch
Sudivision on Rt about 4 miles	
Subdivision: Pioneer Faces	Lot: _//
Description of Proposed Work: Wew Home	#Bedrooms:
Heated SF Unheated SF Finished Rec F	Room? Crawl Space) Slab ()
Building Contractor's Company Name Te	lephone
Wyan Construction Inc. Building Contractor's Company Name Te 2550 Capite / DR. Suite 105 Coe	edmoor N.C.2782 46295
Address 1/2 // 1/	License #
Multiple Mu	st sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation Electrical Permit In	nformation
Description of Work New Home Service Size	ze:Amps TPole;/yes/no
RA. Tackson Electric. Electrical Contractor's Company Name Te	919-730-1251
Electrical Contractor's Company Name Te	lephone
9261 Rollingh Rd. Benson N.C. 27 Address 11	504 21144
Address Jahren	License #
Signature of Officer(s) of Corporation	ula luda una akla a
Mechanical/HVAC Perr	nit information
Description of Work New Construction	10.222
Stephenson Htad Air Mechanical Contractor's Company Name 343 Ship Kish BR. Course N.C.	919-329-0689 Talanhara
Mechanical Contractor's Company Name	relephone
Address	<u> </u>
Address	
Signature of Officer(s) of Corporation	
Plumbing Permit in	<u>iformation</u>
Description of Work New Canadage France	# Baths
Thorntono Mambine	
Plumbing Contractor's Company Name	Telephone
3/60 A Vinson (Ld. Clayton N.C. 275	22/58 Class/
Address	License #
Hoot / house	
Signature of Officer(s) of Corporation Insulation Permit In	formation
Insulation Contractor's Company Name & Address	ne Rd. Carrier N.C 27529 919-661-2 Telephone

Homeowners Applying to Build Their Own Home Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption. Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)		
1. Do you own the land on which this building will be constructed?yes no		
2. Have you hired or intend to hire an individual to superintend and manage construction of the project?		
3. Do you intend to directly control & supervise construction activities? yes no		
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? yes no		
5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the permit?		
yesno		
I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and if <u>any</u> changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes. EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.		
Signature of Owner/Contractor/Officer(s) of Corporation Date		
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		
The undersigned applicant being the:		
The undersigned applicant being the: 2 General Contractor Owner Officer/Agent of the Contractor or Owner Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work		
The undersigned applicant being the: 2 General Contractor Owner Officer/Agent of the Contractor or Owner Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:		
The undersigned applicant being the: Officer/Agent of the Contractor or Owner Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit: Has three (3) or more employees and has obtained workers' compensation insurance to cover them. Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover		
The undersigned applicant being the: Officer/Agent of the Contractor or Owner Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit: Has three (3) or more employees and has obtained workers' compensation insurance to cover them. Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them. Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance		
The undersigned applicant being the: General Contractor Owner Officer/Agent of the Contractor or Owner Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit: Has three (3) or more employees and has obtained workers' compensation insurance to cover them. Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them. Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves. Has no more than two (2) employees and no subcontractors. While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation		
The undersigned applicant being the: Officer/Agent of the Contractor or Owner Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit: Has three (3) or more employees and has obtained workers' compensation insurance to cover them. Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them. Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves. Has no more than two (2) employees and no subcontractors. While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation		

crauler AA9

Plan Box Number

Job Name Proneer

Date: 429-10

Required Inspections for SFA/SFD

Appl. # 10 - 500 23765 Valuation \$88621 Sq. Feet 1364

Sequence

10	R* Bldg. Footing
10-30	R* Elec. Temp Service Pole
20	R* Building Foundation
20	Address Confirmation
30-999	Open Floor
30-999	R* Bldg. Slab Insp.
30-999	R* Elec. Under Slab
30-999	R*Plumb. Under Slab
40	Four Trade Rough In
40	Four Trade Rough In> 2500
40	Three Trade Rough In
40	Three Trade Rough In> 2500
40	Two Trade Rough In
40	Two Trade Rough In> 2500
40	One Trade Rough In
40	One Trade Rough In > 2500
50	R* Insulation
60	Four Trade Final
60	Four Trade Final > 2500
60	Three Trade Final
60	Three Trade Final > 2500
60	Two Trade Final
60	Two Trade Final > 2500
60	One Trade Final
60	One Trade Final > 2500
999	Envir. Operations Permit
	L r severe